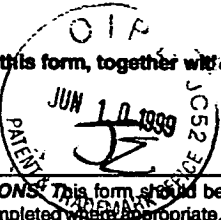


PART B—ISSUE FEE TRANSMITTAL

Complete and mail this form, together with a

able fees, to: **Box ISSUE FEE**
Assistant Commissioner for Patents
Washington, D.C. 20231



5-12-99 B/\$

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

LARSON AND LARSON, P.A.
 11199 69TH STREET NORTH
 LARGO FL 33773

LM51/0511

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Lynn A. Perzia

(Depositor's name)

Lynn A. Perzia
 June 7, 1999

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | TOTAL CLAIMS | EXAMINER AND GROUP ART UNIT | DATE MAILED |
|-----------------------|--|--------------|-----------------------------|---------------|
| 08/863,158 | 05/27/97 | 017 | NGUYEN, T. | 2736 05/11/99 |
| First Named Applicant | L AYSON, 35 USC 154(b) term ext. = 0 Days. | | | |

TITLE OF INVENTION TAMPER DETECTION FOR BODY WORN TRANSMITTER

| ATTY'S DOCKET NO. | CLASS-SUBCLASS | BATCH NO. | APPLN. TYPE | SMALL ENTITY | FEE DUE | DATE DUE |
|-------------------|----------------|-----------|-------------|--------------|----------|----------|
| 2 818.3 | 340-573.400 | 596 | UTILITY | YES | \$605.00 | 08/11/99 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 LARSON & LARSON, P.A.

2 James E. Larson

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

PRO TECH MONITORING, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Palm Harbor, Florida

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies 10

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

James E. Larson

(Date)

6-7-99

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